



OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

RECEIVED
CENTRAL FAX CENTER

JUL 11 2005

Facsimile Transmittal

DATE: July 11, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Duc Duong
Art Unit: 2663

FAX NUMBER: (703) 872-9306

FROM: Roberta A. Young, Attorney for Applicant
Registration No. 53,818

RECEIVED
OIPE/IAP

JUL 12 2005

Total Number of Pages Sent: 16 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 010498

ENCLOSED ARE:

- Amendment (13 pages)
- Transmittal (in duplicate)

BEST AVAILABLE COPY

APPLICANT: Raymond Hsu

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/933,639

FILED: August 20, 2001

FOR: Method and Apparatus for Transmission Framing in a Wireless Communication System

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

Special Instructions: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010498
In Re Application of: Ramond Hsu
Serial Number: 09/933,639
Filed: August 20, 2001
Examiner: Duc Duong
Group Art Unit: 2663RECEIVED
CENTRAL FAX CENTER

JUL 11 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	15	15	0	x \$50 =	\$0.00	
Independent**	7	7	0	x \$200 =	\$0.00	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00	
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120	\$120.00
				<input type="checkbox"/> Two Months	\$450	\$0.00
				<input type="checkbox"/> Three Months	\$1020	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00	
				TOTAL FEE	\$120.00	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 11, 2005

Signature:

Roberta A. Young
Roberta A. Young, Reg. No. 53,818
(858) 658-5803QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____

(type or print name)

Date: July 11, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Sheryl Schoen

(type or print name)

Signature:

Sheryl Schoen

(TRANSAMD.VER1.13-04/30/04)

BEST AVAILABLE COPY

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENTRECEIVED
CENTRAL FAX CENTER

JUL 11 2005

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010498
In Re Application of: Ramond H.
Serial Number: 09/933,639
Filed: August 20, 2001
Examiner: Duc Duong
Group Art Unit: 2663

DUPLICATE

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	15	15	0	x \$50 =	\$0.00
Independent**	7	7	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$0.00
				TOTAL FEE	\$120.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 11, 2005

Signature: Roberta A. Young
Roberta A. Young, Reg. No. 53,818
(858) 658-5803QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: July 11, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Sheryl Schoen
(type or print name)Signature: Sheryl Schoen

BEST AVAILABLE COPY

(TRANSAMD.VER1.13-04/30/04)